Harvard Pilgrim Health Care | TUFTS Health Plan

Pharmacy Medical Necessity Guidelines:
Brinsupri (brensocatib)

Effective: February 1, 2026

Guideline Type	☒ Prior Authorization ☐ Non-Formulary ☐ Step-Therapy ☒ Administrative

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; Fax 617-673-0988

☒ Tufts Health Plan Commercial products; Fax 617-673-0988

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax 617-673-0988

☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax 617-673-0939

☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax 617-673-0939

☐ Tufts Health One Care* – a Medicare-Medicaid Plan (a dual-eligible product); Fax 617-673-0956

*The MNG applies to Tufts Health One Care members unless a less restrictive LCD or NCD exists.

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

Food and Drug Administration – Approved Indications

Brinsupri (brensocatib) oral tablets are approved for the treatment of adult and pediatric patients 12 years of age and older with non-cystic fibrosis bronchiectasis (NCFB). Brinsupri is a first-in-class dipeptidyl peptidase 1 (DPP1) inhibitor, designed to directly target neutrophilic inflammation (a key pathophysiological feature of bronchiectasis).

Clinical Guideline Coverage Criteria
Brinsupri (brensocatib)

Initial Authorization

The plan may cover Brinsupri for patients when **ALL** of the following criteria are met:

1. The patient is 12 years of age or older

AND

2. The patient has a documented diagnosis of bronchiectasis confirmed by a chest computed tomography (CT) scan

AND

3. The patient does not have bronchiectasis due to cystic fibrosis (CF)

AND

4. The patient is currently a non-smoker

AND

5. The patient has had:
   - **a.** For adults: At least two pulmonary exacerbations in the past 12 months requiring an antibiotic prescription, urgent care or emergency room visit, or hospitalization

   OR

   - **b.** For patients 12-17 years of age, at least one pulmonary exacerbations in the past 12 months requiring an antibiotic prescription, urgent care or emergency room visit, or hospitalization

AND

6. Prescribed by or in consultation with a pulmonologist

Reauthorization Criteria

The plan will continue to cover Brinsupri when the following criteria is met:

1. The patient has had improvement in the frequency, severity, or duration of pulmonary exacerbations.

Limitations

1. Initial approval duration is for a period of 12 months. Reauthorizations will be for a duration of 12 months. Members new to the plan and stable on the medication will be required to be reviewed against the initial authorization criteria.

Codes

None

References

1. American Lung Association. Learn about bronchiectasis. Updated September 22, 2025. Accessed September 29, 2025. https://www.lung.org/lung-health-diseases/lung-disease-lookup/bronchiectasis/learn-about-bronchiectasis
2. Barker, AF. Bronchiectasis in adults: Maintaining lung health. Stoller JK, Dieffenbach P, eds. UpToDate. Waltham, MA: UpToDate Inc. Updated September 8, 2025. Accessed September 29, 2025. https://www.uptodate.com/contents/bronchiectasis-in-adults-maintaining-lung-health
3. Barker, AF. Clinical manifestations and diagnosis of bronchiectasis in adults. King TE, Jr, Dieffenbach P, eds. UpToDate. Waltham, MA: UpToDate Inc. Updated January 8, 2025. Accessed September 30, 2025. https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-bronchiectasis-in-adults
4. Chalmers JD, et al. Bronchiectasis in Europe: data on disease characteristics from the European Bronchiectasis registry (EMBARC). Lancet Respir Med. 2023;11(7):637–649. doi:10.1016/S2213-2600(23)00093-0
5. Chalmers JD, et al. Phase 3 trial of the DPP-1 inhibitor brensocatib in bronchiectasis. N Engl J Med. 2025;392(16):1569−1581. doi:10.1056/NEJMoa2411664
6. Flume PA, et al. Pulmonary exacerbations in insured patients with bronchiectasis over 2 years. ERJ Open Research. 2023;9(4):00021–2023. doi:10.1183/23120541.00021-2023
7. Insmed announces positive topline results from landmark ASPEN study of brensocatib in patients with bronchiectasis. News release. Insmed Incorporated; May 28, 2024. Accessed September 30, 2025. https://investor.insmed.com/2024-05-28-Insmed-Announces-Positive-Topline-Results-from-Landmark-ASPEN-Study-of-Brensocatib-in-Patients-with-Bronchiectasis
8. Palmér R, et al. Dipeptidyl peptidase 1 inhibitor AZD7986 induces a sustained, exposure-dependent reduction in neutrophil elastase activity in healthy subjects. Clin Pharmacol Ther. 2018;104(6):1155–1164. doi:10.1002/cpt.1053
9. Weycker D, et al. Prevalence and incidence of noncystic fibrosis bronchiectasis among US adults in 2013. Chron Respir Dis. 2017;14(4):377–384. doi:10.1177/1479972317709649

Approval And Revision History

January 13, 2026: Reviewed by the Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

- February 2026: Administrative update to remove CareLink from Medical Necessity Guideline template.

Background, Product and Disclaimer Information

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.